

Warrant Cancellation Request Form - Rev 5/2008

Send To:

Warrant Cancellation Desk 303 866-2126
State Controller's Office
633 17th Street Suite 1500
Denver Co 80202



Date of Request: _____

Required Documentation

1. Completed Warrant Cancellation Request Form
2. The Original Warrant - Must be Marked VOID
3. Screen Prints Of COFRS WREH & WREL (All PV Lines)

PLEASE CANCEL THE FOLLOWING WARRANT:

Warrant # _____ Date of Issue _____

Amount \$ _____ Vendor Code _____

REASON FOR CANCELLATION: Only mark one item. If more than one reason applies, choose the reason that would provide the best information for your agency's records.

- ☐ Duplicate Payment
- ☐ Vendor Incorrect
- ☐ Amount Incorrect
- ☐ Not Needed - Product Or Service Not Provided
- ☐ Vendor Is No Longer Eligible
- ☐ MMIS (Health Care Policy & Financing Only)
- ☐ Issued In Error
- ☐ Garnishment Released
- ☐ Other - Explain: _____

AGENCY CONTACT:

COFRS Agency Code _____

Name _____

Phone _____ Email address _____

Please read and initial: _____ I have verified that the account coding on the attached WREL table screen print is current. If it is not valid for the current fiscal year, mark a line through the item(s) that need to be changed and write in the current information for each code that must be changed.